

10/593427

Express Mail Label No. EV 901254598 US  
Date of Deposit September 19, 2006  
Atty. Docket No. 19240.218US2**Application Data Sheet****Application Information**

Application number::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?: None  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: GINKGOLIDE COMPOUNDS,  
COMPOSITIONS, EXTRACTS, AND USES  
THEREOF  
Attorney Docket Number:: 19240.218US2  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3  
Small Entity?: Yes  
Petition included?: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Ottavio  
Middle Name:: V.  
Family Name:: VITOLO  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 420 W. 119th Street, Apt. 29

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Japan  
Status:: Full Capacity  
Given Name:: Koji  
Middle Name::  
Family Name:: NAKANISHI  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 560 Riverside Drive, Apartment 9-J

City of mailing address:: New York  
State or Province of mailing address::  
Country of mailing address::

Postal or Zip Code of mailing address:: 10027

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: L.  
Family Name:: SHELANSKI  
Name Suffix::  
City of Residence:: Brooklyn  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 241 Kane Street

City of mailing address:: Brooklyn  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 11231

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sonja  
Middle Name::  
Family Name:: KRANE  
Name Suffix::  
City of Residence:: Del Mar  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 13627 Calais Drive

City of mailing address:: Del Mar  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Italy  
Status:: Full Capacity  
Given Name:: Ottavio  
Middle Name::  
Family Name:: ARANCIO  
Name Suffix::  
City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 160 E. 48th Street, Apt. 6L

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10017

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Czech Republic  
Status:: Full Capacity  
Given Name:: Stanislav  
Middle Name::  
Family Name:: JARACZ  
Name Suffix::  
City of Residence:: Trinec  
State or Province of Residence::

Country of Residence:: Czech Republic  
Street of mailing address:: Oldrichovice 487

City of mailing address:: Trinec  
State or Province of mailing address::  
Country of mailing address:: Czech Republic  
Postal or Zip Code of mailing address:: 73961

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Nina  
Middle Name:: D.  
Family Name:: BEROVA  
Name Suffix::

City of Residence:: New York  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 400 West 119th Street, Apt. 13G

City of mailing address:: New York  
State or Province of mailing address:: NY  
Country of mailing address::  
Postal or Zip Code of mailing address:: 10027

**Correspondence Information**

Correspondence Customer Number:: 56949

**Representative Information**

Representative Customer Number:: 56949

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2005/009417	03/21/05
PCT/US2005/009417	An application claiming the benefit under 35 USC 119(e)	60/554508	03/19/04

### Foreign Priority Information

#### Assignee Information

Assignee name:: THE TRUSTEES OF COLUMBIA  
UNIVERSITY IN THE CITY OF NEW YORK

Street of mailing address:: 412 Low Memorial Library  
535 West 116th Street

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address::

Postal or Zip Code of mailing address:: 10027